

Group Mortgage Life and Disability Insurance Application



APPROVAL DATE - H.O. USE ONLY EFFECTIVE DATE	APPLICATION NO. MLD0023426
REQUESTED EFFECTIVE DATE OF INSURANCE	MORTGAGE ADVANCE DATE
D D M M M M Y Y Y Y	D D M M M M Y Y Y Y

* This date may be no later than 120 days after the date this Application is signed. (See reverse for definition of Effective Date of Insurance)

PART 1 - GENERAL INFORMATION

APPLICANT 1 - SURNAME SMITH	FIRST NAME JOHN	INITIAL G	GENDER M	TELEPHONE NUMBER (DAY) 416 456-7890	H.O. USE ONLY
APT. NO.	STREET ADDRESS 123 MAIN RD. TORONTO	CITY	PROVINCE	POSTAL CODE M1N 1A1	DATE OF BIRTH 01 JAN 1958
APPLICANT 2 - SURNAME SMITH	FIRST NAME JANE	INITIAL L	GENDER F	TELEPHONE NUMBER (DAY)	H.O. USE ONLY
APT. NO.	STREET ADDRESS SAME	CITY	PROVINCE	POSTAL CODE	DATE OF BIRTH 04 FEB 1961
ADDRESS OF MORTGAGED PROPERTY - STREET		CITY	PROVINCE	POSTAL CODE	

PART 2 - MORTGAGE INFORMATION

GROUP POLICYHOLDER ABC FINANCIAL GROUP	CREDITOR (Finance Institution) TD BANK - TORONTO	BRANCH NO.	
LENDING OFFICER/MORTGAGE BROKER NAME JAMIE EVANS	TELEPHONE NUMBER 416 321-4560	MORTGAGE AMORTIZATION TERM (Max. 25 Years) 25	MORTGAGE INTEREST RATE TERM 3.010
MORTGAGE LOAN NUMBER 624987 AB	CURRENT MORTGAGE BALANCE \$100,000.00	MORTGAGE PAYMENT \$ 250.00 (PRINCIPAL & INTEREST) 31 WEEKLY	PAYMENT FREQUENCY
		MONTHLY MORTGAGE PAYMENT \$ 500.00 (PRINCIPAL & INTEREST)	

PART 3 - LIFE INSURANCE MAXIMUM AMOUNT OF INSURANCE: AGE 18-59 \$500,000; AGE 60-64 \$400,000

COVERAGE APPLIED FOR <input type="checkbox"/> Applicant 1 only <input type="checkbox"/> Applicant 2 only <input checked="" type="checkbox"/> both Applicant 1 and 2	MORTGAGE AMOUNT \$100,000.00	INSURED AMOUNT APPLIED FOR \$100,000.00 (MIN \$20,000/MAX \$500,000)	MONTHLY LIFE INSURANCE PREMIUM \$ 39.00 (MIN \$10)
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PART 4 - DISABILITY INSURANCE MAXIMUM MONTHLY AMOUNT OF INSURANCE: AGE 18-59 \$2,000; AGE 60-64 \$1,200

COVERAGE APPLIED FOR <input type="checkbox"/> Applicant 1 only <input type="checkbox"/> Applicant 2 only <input checked="" type="checkbox"/> both Applicant 1 and 2	WAITING PERIOD <input checked="" type="checkbox"/> 60 or <input type="checkbox"/> 90 (NUMBER OF DAYS)	% OF MONTHLY MORTGAGE PAYMENT TO BE INSURED 100% (100,90,80,70,60 OR 50%)	INSURED MONTHLY PAYMENT 500.00 (MIN \$300/MAX \$2,000)	MONTHLY DISABILITY INSURANCE PREMIUM \$ 28.67 (MIN \$10)
PLUS TAX (IF APPLICABLE) \$ 4.74 (LIFE &/OR DISABILITY)				
TOTAL MONTHLY INSURANCE PREMIUM \$ 72.41 (LIFE &/OR DISABILITY)				

(*Benefits are not paid for the Waiting Period. Maximum number of Insured Monthly Payments per disability is 24.)

PART 5 - PREMIUM COLLECTION

I/We authorize Industrial-Alliance Pacific Life Insurance Company ("IA Pacific Life") to debit Monthly Insurance Premiums that are due on or after the Effective Date of Insurance from the account indicated on the attached sample cheque marked "VOID". I/We would like withdrawals to be made on the 15 (1st-28th) day of each month. Note: If no date is specified, premiums will be deducted on or about the monthly anniversary of the Effective Date of Insurance. Your insurance premium is not included in your mortgage payment.

PART 6 - HEALTH QUESTIONS

No insurance will come into effect until the Effective Date of Insurance. Please see Commencement of Insurance on the reverse for further details.

For Life and/or Disability Insurance:		APPLICANT 1	APPLICANT 2
1. Have you ever attended a medical facility, consulted a physician, been diagnosed with, taken prescribed medication or been treated for:		YES	NO
• Coronary artery disease, chest pain, heart attack, murmur or other condition related to the heart or circulatory system, high blood pressure, diabetes, blood disorder, stroke or transient ischemic attack (TIA), cancer or tumour, a positive HIV test or any other auto-immune disorder, including AIDS.		<input type="checkbox"/>	<input type="checkbox"/>
2. Within the past 24 months have you attended a medical facility, consulted a physician, been diagnosed with, taken prescribed medication or been treated for:		<input type="checkbox"/>	<input type="checkbox"/>
• Shortness of breath, asthma, emphysema or other lung or respiratory disorders, systemic lupus, rheumatoid arthritis, disorder of the prostate or reproductive organs, hepatitis or other liver disorder, kidney disease, ulcerative colitis, Crohn's disease or other disorders of the stomach or pancreas, seizures, paralysis, Multiple Sclerosis or other disorders of the nervous system, stress, anxiety, depression or any other mental or psychiatric disorder, alcohol or drug abuse.		<input type="checkbox"/>	<input type="checkbox"/>
For Disability Insurance Only:		<input type="checkbox"/>	<input type="checkbox"/>
3. Within the past 24 months have you:		<input type="checkbox"/>	<input type="checkbox"/>
• Been partially or totally disabled and/or received disability or Worker's Compensation benefits;		<input type="checkbox"/>	<input type="checkbox"/>
• Consulted a physician or other health care professional, been diagnosed with, taken prescribed medication or been treated for: fibromyalgia, fibrositis, osteoarthritis, chronic fatigue syndrome, strains or other disorders of the back, neck, shoulder, elbows, knees, hips or other joints, muscles, ligaments or tendons.		<input type="checkbox"/>	<input type="checkbox"/>

PART 7 - NON-SMOKER DECLARATION Please sign only if you are a non-smoker to qualify for non-smoker rates.

I DECLARE that I have not smoked cigarettes, cigars, cigarillos, marijuana or a pipe or used chewing tobacco, snuff or any nicotine products (such as gum, patch, etc.) within the past 12 months. I UNDERSTAND that in the event that this Declaration is misstated, this Application will be void from the Effective Date of Insurance and IA Pacific Life will return any premiums I have paid.

X	DATE	X	DATE
APPLICANT 1		APPLICANT 2	

STATEMENT BY APPLICANT(S)

ONCE APPROVED, THIS APPLICATION IS YOUR CERTIFICATE OF INSURANCE COMMENCING ON THE EFFECTIVE DATE OF INSURANCE.

I understand that I must complete a Supplemental Health Questionnaire and this Application will be subject to review and written approval by IA Pacific Life if I answer 'Yes' to one of the questions in Part 6, or if the Insured Amount Applied For plus the total of all my mortgages currently insured through IA Pacific Life exceeds \$250,000.

ELIGIBILITY REQUIREMENTS

I confirm that I am eligible for Life and Disability Insurance by confirming that: 1 I own or have entered into an agreement to purchase, or I have guaranteed the repayment of the Mortgage, with respect to a single family dwelling, duplex, triplex, quadruplex or condominium unit that is the security for the Mortgage; 2 I am over 17 and under 65 years of age; 3 I am a resident of Canada, and 4 for Disability Insurance, I am gainfully employed for a minimum of 20 hours per week on the date that I sign this Application.

I confirm that the information given above is correct and understand that any incorrect answer or misrepresentation may render this Certificate void.

I understand that the Insurance payable under this Certificate is subject to the TERMS AND CONDITIONS OF GROUP INSURANCE COVERAGE AND LIMITATIONS AND EXCLUSIONS described on the reverse. I also understand that Disability Insurance will only be payable if I am gainfully employed for a minimum of 20 hours per week in each of the 4 weeks immediately prior to the date that Total Disability commences. I also understand that this Application is not valid unless properly completed, signed and accompanied by an authorization for withdrawal of insurance premiums from a valid account number.

Having considered and understanding the benefits offered, I/we decline: Life Insurance APPLICANT 1 APPLICANT 2 Disability Insurance APPLICANT 1 APPLICANT 2

X	DATE	X	DATE
APPLICANT 1		APPLICANT 2	

MONEY BACK GUARANTEE

You have thirty days after you receive this Certificate to decide if the coverage meets your needs. If it does not, return it to IA Pacific Life's Head Office or to the Group Policyholder from whom you bought it. We will cancel your coverage from the Effective Date of Insurance and will refund any premiums paid by you.